

Date run : 8/10/01 2:08:04PM  
Run by :

**LOS ANGELES COUNTY FIRE DEPARTMENT**  
**Clerical Facility Update**

Report # : 5301  
Page # : 1  
Version 8 06

**OWNER FILE INFORMATION**

DATE UPDATED: 08/10/2001 2:08:04PM BY:

Owner ID: OW0021792 Tax ID : 251713496  
**Owner Name:** INTL STAPLE & MACHINE CORP  
**Owner DBA:** AIR NAIL COMPANY  
**Owner Address:** E BUTLER RD  
 BUTLER, PA 16001  
**Ownership Type:**  
**Work/Business Phone:** 724-287-7711  
**Billing/Mailing Address:** 5335 REISNER WAY  
 SOUTH GATE, CA 90280  
**ATTN/Care of:** DAVID A MC DOWELL

**FACILITY FILE INFORMATION**

**Facility ID:** FA0021792  
**Facility Name:** AIR NAIL COMPANY  
**No. of Employee:** 73  
**Site Location:** 5311 REISNER WAY  
 SOUTH GATE, CA 90280  
**Phone:** 323-563-1156  
**Mailing Address:** 5311 REISNER WY  
 SOUTH GATE, CA 90280  
**Operator/Care of:** DAVID A MC DOWELL  
**District:** SE - SOUTHEAST  
**City Code:** SGAT  
**CUPA Jurisdiction:** CO  
**Operation Hours:**  
**SIC Code:** 0000 **NOB:**  
**Business Type / Code:**  
**Station (Code 1):** 054  
**D & B #:**  
**Date 1 (D1):**

Email Address:

**GENERAL HEALTH PROGRAM ELEMENTS**

Record ID #	Program Element	Current Status	EPA #	Effective Date D1	Designated Employee	Last Inspection Date
PR0006149	3003 - HM HANDLER, FEE GROUP 03	Active, billable		02/15/90	EE0000086	01/01/1998
PR0032243	1003 - HW GEN, 20-100 EMPLOYEES	Active, billable		07/01/94	EE0000086	12/17/1999



**LOS ANGELES COUNTY FIRE DEPARTMENT**  
**HEALTH HAZARDOUS MATERIALS DIVISION**  
5825 Rickenbacker Road, Commerce, CA 90040

## HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials Reporting forms. These forms are to be completed and returned to this Department on or before December 31. Failure to complete and return these forms by December 31, may result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Los Angeles County Fire Department, Health Hazardous Materials Division, Data Operations Unit at (323) 890-4000, Monday through Friday 9:00 A.M. to 4:00 P.M.

*To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31 deadline. Sign and date the Annual Certification Section below and keep a copy of the entire package for your records.*

### ANNUAL RE-CERTIFICATION PROCEDURE

Attached is this Department's latest computer print-out of your chemical inventory information. Carefully review and correct any information that may be incorrect or obsolete by crossing-out and writing in the changes. *If you handle Regulated Substances (RS) at or above threshold quantities, you must submit a Regulated Substance Registration for each RS for each process.* Check the appropriate box(es) below that (most) corresponds to your facility's information.

- ☐ **Delete:** If you no longer handle the chemical(s) listed on the chemical inventory computer print-out WRITE DELETE across the discontinued chemical inventory computer print-out(s).
- ☐ **Add:** If you are handling new chemical(s) not previously disclosed. MAKE COPIES OF CHEMICAL DESCRIPTION FORM AND COMPLETE all information on the form. If applicable, complete the Regulated Substance Registration form (one form per chemical).
- ☐ **Revise/Update:** If there are corrections to your inventory information, cross out the errors and CLEARLY PRINT the corrections directly onto the inventory computer print-out.
- ☒ **No Change:** Mark this Box if there are no changes to the current inventory. *Rev'd 12-29-00*
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also COMPLETE the Regulated Substance Registration form. A list of Regulated Substances is attached for reference.

### ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory.

STEVEN D. MCKENZIE

Print Name of Document Preparer

DAVID A. McDOWELL

Print Name of Owner/Operator

*David A. McDowell*  
Signature of Owner/Operator

5335 REISNER WAY, S. GATE 90280  
Facility/Site Address

12/28/00  
Date



# UNIFIED PROGRAM (UP) FORM BUSINESS OWNER/OPERATOR IDENTIFICATION

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE / / )

PAGE OF

## I. IDENTIFICATION

FACILITY ID#		BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)				BUSINESS PHONE		102
BUSINESS SITE ADDRESS						103
CITY	104	CA	ZIP CODE			105
DUN & BRADSTREET			106	SIC CODE (4 digit #)		107
COUNTY LOS ANGELES			108	UNINCORPORATED <input type="checkbox"/> Yes <input type="checkbox"/> No		133a
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE		110

## II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112		
OWNER MAILING ADDRESS				113	
CITY	114	STATE	115	ZIP CODE	116

## III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118		
CONTACT MAILING ADDRESS				119	
CITY	120	STATE	121	ZIP CODE	122

-PRIMARY-

## IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132

## V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES	133b	FEDERAL TAX IDENTIFICATION NUMBER	133c				
MAILING/ BILLING INFORMATION							
ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
ATTN:	133h						

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
<i>David A. McDowell</i>	12/28/00		STEVEN D. MCKENZIE	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
David A. McDowell		OPERATIONS MANAGER		

OFFICIAL USE ONLY	INSPECTOR	HW	HM	DISTRICT	INSPECTION DATE	DIV	BATT	STA	
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# Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

## COVER PAGE

### FACILITY IDENTIFICATION

BUSINESS NAME	3	FACILITY ID # 1
SITE ADDRESS	103	CITY 104 ZIP CODE 105

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ❖ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ❖ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ❖ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641). These forms are not included in this packet.

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

*I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.*

Printed Name of Owner/ Operator

Title of Owner/Operator

DAVID A. McDOWELL

OPERATIONS

Signature of Owner/ Operator

Date

David A. McDowell

12/28/00

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

DIV

FOIN

FILE

DISTRICT

CUPA

PA



## UNIFIED PROGRAM (UP) FORM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED EXTREMELY HAZARDOUS SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME		3			
FACILITY ID#	1	EPA ID #	2	PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	246a
NAME OF CORPORATE PARENT COMPANY		246b	DUN & BRADSTREET		106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)		246c	TITLE		246d
LATITUDE	246e	LONGITUDE	246f	PROCESS SIC	107a
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? <input type="checkbox"/> YES <input type="checkbox"/> NO		208	DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		246g
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM)? <input type="checkbox"/> YES <input type="checkbox"/> NO		246h	LAST SAFETY INSPECTION DATE AGENCY		246i
CHEMICAL NAME		205	CAS#		209
MAXIMUM DAILY AMOUNT		218a	POUNDS		221a
PROCESS DESCRIPTION					246j
PRINCIPAL EQUIPMENT					246k
<b>CERTIFICATION</b>					
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.					
OWNER/OPERATOR NAME		246l	OWNER/OPERATOR TITLE		246m
OWNER/OPERATOR SIGNATURE		246n	DATE		246n

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

RETURN THIS COMPLETED ORIGINAL  
(SEE BACK FOR EXAMPLE)

HHMD 10/97

CALIFORNIA BUSINESS & OWNER/OPERATOR IDENTIFICATION PAGE

CALENDAR YEAR BEGINNING (19) [01/01/1999] ENDING (20) [12/31/1999] (21) PAGE 1 OF [ 11]  
 BUSINESS NAME (3) [AIR NAIL CO] BUSINESS PHONE (22) [(323) 563-1156]  
 SITE ADDRESS (23) [5311 REISNER WY]  
 CITY (24) [SOUTH GATE] STATE [CA] ZIP (25) [90280]  
 DUN & BRADST. (26) [ ] SIC CODE (4 DIGIT #) (27) [3315]  
 OPERATOR NAME (29) [DAVID MC DOWELL] OPERATOR PHONE (30) [(323) 563-1156]

OWNER INFORMATION

OWNER NAME (31) [INTERNLTNAL STAPLE & MACHINE CORP] OWNER PHONE (32) [(724) 287-7711]  
 OWNER MAILING ADDRESS (33) [E BUTLER RD]  
 CITY (34) [BUTLER] STATE (35) [PA] ZIP (36) [16001]

ENVIRONMENTAL CONTACT

CONTACT NAME (37) [ ] CONTACT PHONE (38) [( ) - ]  
 MAILING ADDRESS (39) [5335 REISNER WY]  
 CITY (40) [SOUTH GATE] STATE (41) [CA] ZIP (42) [90280]

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME (43) [STEVEN D. MCKENZIE DAVID A. McDOWELL]	NAME (48) [BILL BEON]
TITLE (44) [OPERATIONS MGR MANUFACT. ENGINEER 7]	TITLE (49) [VP-MANUFAC]
BUSINESS PHONE (45) [(323) 563-1156]	BUSINESS PHONE (50) [(724) 287-7711]
24-HOUR PHONE (46) [(562) 424-0542]	24-HOUR PHONE (51) [( ) - ]
PAGER # (47) [(310) 515-6335]	PAGER # (52) [( ) - ]

REGULATED SUBSTANCES (RS)

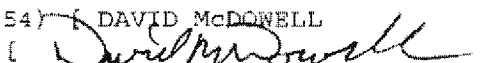
ON SITE RS (5) [YES ]

ADDITIONAL LOCALLY COLLECTED INFORMATION

(53)

ASSESSOR'S PARCEL NUMBER _____	FOR OFFICIAL USE ONLY ID # _____
--------------------------------	-------------------------------------

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer (54) [ DAVID McDOWELL ]  
 Signature of Owner/Operator (55) [  ] Date (56) [12/18/1999]

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ] PAGE (21) [ 2 ] OF (21) [ 11 ]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ SOUTH EAST SIDE, BLDG. 1, 5335 REISNER WAY ]  
MAP# (59) [ ] GRID# (18) [ ]

CHEMICAL NAME (61) [ ACETYLENE ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ ACETYLENE ] RS (5) [ YES ]  
CAS # (64) [ 74862 ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Pure ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Gas ] CURIES

FED HAZARD (70) [ FIRE ] PRESSURE RELEASE ACUTE HEALTH

## CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ FT3 ] MAX DAILY AMT (72) [ 500.00 ]

## CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 300.00 ]

LARGEST CONT. (76) [ 70.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Cylinder ]  
CONTAINER

STORAGE (79) [ Above Ambient ]  
PRESSURE

STORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Acetylene ]	(83) [ YES ]	(84) [ 74862 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

002-0003

ID#



## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ]

PAGE (21) [ 3] OF (21) [ 11]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ 5311 REISNER, NW CORNER ]  
MAP# (59) [ ] GRID# (C4 [ ]

CHEMICAL NAME (61) [ ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ ACETYLENE ] RS (5) [ NO ]  
CAS # (64) [ 74862 ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Pure ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Gas ] Curies

FED HAZARD (70) [ FIRE ] PRESSURE RELEASE ACUTE HEALTH

CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ FT3 ] MAX DAILY AMT (72) [ 500.00 ]

CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 300.00 ]

LARGEST CONT. (76) [ 70.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Cylinder ]  
CONTAINER

STORAGE (79) [ Above Ambient ]  
PRESSURE

STORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Acetylene ]	(83) [ YES ]	(84) [ 74862 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

003-0001

ID# \_\_\_\_\_

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ] PAGE (21) [ 4 ] OF (21) [ 11 ]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ A. THROUGHOUT PLANT, 5311 REISNER B. MACHINE SHOP, ]  
MAP# (59) [ ] GRID# ( [ ] )

CHEMICAL NAME (61) [ INDUSTRIAL OIL ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ INDUSTRIAL OIL ] RS (5) [ NO ]  
CAS # (64) [ ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Mixture ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Liquid ] CURIES

FED HAZARD (70) [ ] ACUTE HEALTH

## CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 55.00 ]  
CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 25.00 ]

LARGEST CONT. (76) [ 55.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Steel Drum ]  
CONTAINER

STORAGE (79) [ Ambient ]  
PRESSURE

STORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Lubricating Oil (Petroleum-Based) ]	(83) [ NO ]	(84) [ 8020835 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

002-0005

ID# \_\_\_\_\_

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ]

PAGE (21) [ 5] OF (21) [ 11]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ A. OUTSIDE STORAGE: MIDDLE, WEST SIDE OF 5335 REISNER WAY. I ]  
MAP# (59) [ ] GRID# ( [ ]

CHEMICAL NAME (61) [ KEROSENE ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ KEROSENE ] RS (5) [ NO ]  
CAS # (64) [ 70892103 ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Pure ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Liquid ] CURIES

FED HAZARD (70) [ FIRE ] ACUTE HEALTH

CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 400.00 ]  
CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 200.00 ]

LARGEST CONT. (76) [ 55.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Steel Drum ]  
CONTAINERSTORAGE (79) [ Ambient ]  
PRESSURESTORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Kerosene ]	(83) [ NO ]	(84) [ 70892103 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

002-0001

ID# \_\_\_\_\_

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ] PAGE (21) [ 6 ] OF (21) [ 11 ]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ OUTSIDE MIDDLE WESTSIDE ]  
MAP# (59) [ ] GRID# (G6 [ ] ]

CHEMICAL NAME (61) [NAIL COATING ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [NAIL COATING ] RS (5) [ NO ]  
CAS # (64) [ ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [Mixture ] RADIOACTIVE (67) [ NO ] (68) [0.00000 ]

PHYSICAL STATE (69) [Liquid ] CURIES

FED HAZARD (70) [ ] ACUTE HEALTH [ ]

## CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 1380.00 ]  
CODE

DAYS ON SITE (73) [365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 690.00 ]

LARGEST CONT. (76) [ 345.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [Other ]  
CONTAINERSTORAGE (79) [Ambient ]  
PRESSURESTORAGE (80) [Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 90.00 ]	(82) [Acetone ]	(83) [NO ]	(84) [ 67641 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

002-0007

ID# \_\_\_\_\_

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ]

PAGE (21) [ 7 ] OF (21) [ 11 ]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ A. THROUGHOUT PLANT EQUIPMENT ] B. M]  
MAP# (59) [ ] GRID# ( [ ]

CHEMICAL NAME (61) [ ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ OIL-INDUSTRIAL ] RS (5) [ NO ]  
CAS # (64) [ ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Mixture ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Liquid ] Curies

FED HAZARD (70) [ ] ACUTE HEALTH

## CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 55.00 ]  
CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 25.00 ]

LARGEST CONT. (76) [ 55.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Steel Drum ]  
CONTAINERSTORAGE (79) [ Ambient ]  
PRESSURESTORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Lubricating Oil (Petroleum-Based) ]	(83) [ NO ]	(84) [ 8020835 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

## ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

003-0003

ID#

## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ] PAGE (21) [ 8 ] OF (21) [ 11 ]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ 5335 REISNER WAY, NW CORNER ]  
MAP# (59) [ ] GRID# (C4) [ ]

CHEMICAL NAME (61) [ OXYGEN ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ OXYGEN ] RS (5) [ NO ]  
CAS # (64) [ 7782447 ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Pure ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Gas ] CURIES

FED HAZARD (70) [ FIRE ] PRESSURE RELEASE ACUTE HEALTH

CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ FT3 ] MAX DAILY AMT (72) [ 750.00 ]  
CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 500.00 ]

LARGEST CONT. (76) [ 70.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Cylinder ]  
CONTAINERSTORAGE (79) [ Above Ambient ]  
PRESSURESTORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Oxygen, Compressed ]	(83) [ NO ]	(84) [ 7782447 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

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## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ] PAGE (21) [ 9 ] OF (21) [ 11 ]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION (58) [ MIDDLE OF EAST SIDE, 5311 REISNER ]  
MAP# (59) [ ] GRID# (18) [ ]

CHEMICAL NAME (61) [ ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [ OXYGEN ] RS (5) [ NO ]  
CAS # (64) [ 7782447 ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [ Pure ] RADIOACTIVE (67) [ NO ] (68) [ 0.00000 ]

PHYSICAL STATE (69) [ Gas ] CURIES

FED HAZARD (70) [ FIRE ] PRESSURE RELEASE ACUTE HEALTH

CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ FT3 ] MAX DAILY AMT (72) [ 750.00 ]  
CODE

DAYS ON SITE (73) [ 365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 500.00 ]

LARGEST CONT. (76) [ 70.00 ] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00 ]

STORAGE (78) [ Cylinder ]  
CONTAINERSTORAGE (79) [ Above Ambient ]  
PRESSURESTORAGE (80) [ Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00 ]	(82) [ Oxygen, Compressed ]	(83) [ NO ]	(84) [ 7782447 ]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

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## CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ]

PAGE (21) [ 10] OF (21) [ 11]

BUSINESS NAME (3) [ AIR NAIL CO ]  
CHEMICAL LOCATION(58) [ A. FORKLIFT TANKS B. O]  
MAP# (59) [ ] GRID# ( [ ]

CHEMICAL NAME (61) [PROPANE ] TRADE SECRET (62) [ NO ]  
COMMON NAME (63) [PROPANE ] RS (5) [ YES ]  
CAS # (64) [ 74986 ] IF RS BOX IS YES ALL  
AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [Pure ] RADIOACTIVE (67) [ NO ] (68) [0.00000 ]

PHYSICAL STATE (69) [Liquid ] Curies

FED HAZARD (70) [FIRE ACUTE HEALTH ]

## CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 599.00]  
CODE

DAYS ON SITE (73) [365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 350.00]

LARGEST CONT. (76) [ 499.00] BE IN LBS. ANNUAL WASTE AMT (77) [ 0.00]

STORAGE (78) [Above Ground Tank ]  
CONTAINERSTORAGE (79) [Ambient ]  
PRESSURESTORAGE (80) [Ambient ]  
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00]	(82) [Propane ]	(83) [YES]	(84) [ 74986]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

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002-0002

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CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) [ ] PAGE (21) [ 11] OF (21) [ 11]

BUSINESS NAME (3) [ AIR NAIL CO ]  
 CHEMICAL LOCATION(58) [ OUTSIDE 5335 REISNER WAY, N.W. CORNER OF BLDG. ]  
 MAP# (59) [ ] GRID# (G4 [ ]

CHEMICAL NAME (61) [WASTE OIL ] TRADE SECRET (62) [ NO ]  
 COMMON NAME (63) [WASTE OIL ] RS (5) [ NO ]  
 CAS # (64) [ ] IF RS BOX IS YES ALL  
 AMOUNTS MUST BE IN LBS

FIRE CODE (65) [ ]

HAZARD CLASSES\* \*COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [Waste ] RADIOACTIVE (67) [ NO ] (68) [0.00000 ]

PHYSICAL STATE (69) [Liquid ] Curies

FED HAZARD (70) [ ] ACUTE HEALTH ]

CATEGORIES

STATE WASTE (71) [ ] UNITS (74) [ GAL ] MAX DAILY AMT (72) [ 400.00]  
 CODE

DAYS ON SITE (73) [365 ] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [ 200.00]

LARGEST CONT. (76) [ 55.00] BE IN LBS. ANNUAL WASTE AMT (77) [ 900.00]

STORAGE (78) [Steel Drum ]  
 CONTAINER

STORAGE (79) [Ambient ]  
 PRESSURE

STORAGE (80) [Ambient ]  
 TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) [ 0.00]	(82) [Waste Oil, Petroleum Based ]	(83) [NO ]	(84) [ 0]
(85) [ ]	(86) [ ]	(87) [ ]	(88) [ ]
(89) [ ]	(90) [ ]	(91) [ ]	(92) [ ]
(93) [ ]	(94) [ ]	(95) [ ]	(96) [ ]
(97) [ ]	(98) [ ]	(99) [ ]	(100) [ ]

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